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## BIB DATA SHEET

CONFIRMATION NO. 1200

<b>SERIAL NUMBER</b> 09/772,394	<b>FILING or 371(c) DATE</b> 01/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 79731.010100		
<b>APPLICANTS</b> Peter Stangel, Nyack, NY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/12/2001						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /DILEK B COBANOGU/	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 8	
<b>ADDRESS</b> GREENBERG TRAUIG, LLP 1750 TYSONS BOULEVARD, 12TH FLOOR MCLEAN, VA 22102 UNITED STATES						
<b>TITLE</b> Clinical care utilization management system						
<b>FILING FEE RECEIVED</b> 855	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			